Las Vegas Rotary Foundation

REIMBURSEMENT REQUEST

MAKE CHECK PAYABLE TO: _____

Address if not on file: _____

_____

DATE	PURCHASED FROM	DESCRIPTION, EVENT OR EXPENSE ACCT	AMOUNT
		TOTAL TO BE REIMBURSED	$ -

DATE OF SUBMISSION: _____

SIGNATURE _____

APPROVAL SIGNATURE _____

Original reciepts must be attached to this form.

Checks are cut every other week.